



# STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

## Residential Contractors Division

237 Coliseum Drive, Macon, GA 31217

478-207-2440

[www.sos.ga.gov/index.php/licensing/plb/46](http://www.sos.ga.gov/index.php/licensing/plb/46)

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### RESIDENTIAL BASIC INDIVIDUAL EXAMINATION ONLINE SUPPLEMENTAL APPLICATION

#### ••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

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#### LICENSES REQUIRED

Licenses are required for persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A § 43-41-2 in the Board Laws, as well as the Board's rules for definitions.

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#### PERSONAL INFORMATION

You submitted your demographic information at the time of online application. Please review and make sure your email address is accurate, as email is the primary method of communication with Board staff.

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#### SECTION 1: WORK EXPERIENCE

Applicants must show at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential basic category. List your employer information beginning with your current employer and your current experience should end in "Present".

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#### SECTION 2: PROJECTS COMPLETED

Applicants must show successful completion of at least two projects falling within the residential-basic category in the two years immediately preceding application.

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#### SECTION 3: EMPLOYMENT/PROJECT AFFIDAVIT

You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

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#### SECTION 4: GENERAL INFORMATION

Answer all applicable questions. Submit additional documentation as requested in the application.

**NOTICE:** An individual license will not give you the ability to perform work on behalf of a business organization (any limited liability company, corporation, partnership, business trust, joint venture, or other legal entity). In order to perform work on behalf of a business organization, you must submit the Qualifying Agent application.

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#### SECTION 5: AFFILIATIONS

Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent. See O.C.G.A § 43-41-6(e)

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#### SECTION 6: APPLICANT AFFIDAVIT

*Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.*

**All applicants are required** to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other document OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. See O.C.G.A. § 50-36-2.

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### **LAW AND RULES**

Read the law and rules thoroughly before completing the application. See the complete law and rules at the Board's website: [www.sos.ga.gov/index.php/licensing/plb/46](http://www.sos.ga.gov/index.php/licensing/plb/46). You are responsible for knowing the laws and rules for your profession.

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### **VETERANS' PREFERENCE POINTS**

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

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### **DISABILITY ACCOMMODATION**

Persons who have a disability and may require accommodation should obtain the *Request for Disability Accommodation Guidelines* form on the Board's website under Application/Form Downloads.

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### **KEEP A COPY OF YOUR APPLICATION MATERIALS.**

All original materials will be retained by our office and will not be returned to you.

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### **FEES**

The \$200.00 non-refundable application fee is paid online by credit card at the time of application. **Include a copy of your payment receipt when you submit the attached Online Supplemental Documentation.**

**MAIL TO THE BOARD IN A 9X12 ENVELOPE AND DO NOT STAPLE OR FOLD APPLICATION.**

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**STATE LICENSING BOARD FOR RESIDENTIAL  
AND GENERAL CONTRACTORS**

Residential Contractors Division  
237 Coliseum Drive, Macon, GA 31217-3858  
Phone: 478-207-2440 ▪ Fax: 478-207-1458  
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**RESIDENTIAL BASIC INDIVIDUAL**

Printed Name of Applicant

**SECTION 1: WORK EXPERIENCE**

- Applicants must show at least two (2) years of proven experience.
- Describe the type work you performed, not specific projects. List the dates you have been employed with the employer listed in the first column, NOT the dates you began and completed a particular project. Your current experience should end in "Present".

Employer Name, Address (including city and state)	Direct Supervisor	Employment Dates (mo/yr to mo/yr or Present)	Position Title	Type of Work Performed

**SECTION 2: PROJECTS COMPLETED**

- Applicants must list two (2) residential-basic projects completed within two (2) years immediately preceding date of application submission.

Completion Date of Project:		Employer at time of Completion:	
Street Address of Project:		Name of Licensed Contractor (under which project was completed):	
City and State of Project:		Contractor License# (Individual or Qualifying Agent)	
Description of Project:			

Completion Date of Project:		Employer at time of Completion:	
Street Address of Project:		Name of Licensed Contractor (under which project was completed):	
City and State of Project:		Contractor License# (Individual or Qualifying Agent)	
Description of Project:			

### SECTION 3: EMPLOYMENT/PROJECTS AFFIDAVIT

O.C.G.A. §§ 43-41-6(b)(3) and (b)(4) states:

“[To be eligible as a residential-basic contractor, a person must] (3)[have] at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the division; and (4) [have] had significant responsibility for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application.”

I, \_\_\_\_\_  
Printed Name of Residential Contractor (not a company name)

solemnly attest and affirm that \_\_\_\_\_  
Printed Name of Applicant

meets the above stated requirements of O.C.G.A. §§ 43-41-6(b)(3) and (b)(4).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Residential Contractor

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

**O.C.G.A. §45-17-6 requires legible seals for notarized documents.**  
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

**NOTARY SEAL**

**NOTE:** You may sign the affidavit as both the applicant and contractor **ONLY** if you have been self-employed for the required number of years.

**SECTION 4: GENERAL INFORMATION**

Applicant Name: \_\_\_\_\_

1. ☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).
2. ☐ Please check this box if you are requesting Veterans' Preference Points and have attached a copy of your DD-214.
3. ☐ Please check this box if you will be conducting business as a sole proprietor using a trade name and list the trade name and physical address of the company with which you will be affiliated through this license

\_\_\_\_\_  
TRADE NAME\_\_\_\_\_  
NUMBER AND STREET (PO BOX NOT ACCEPTABLE)\_\_\_\_\_  
APT OR SUITE#\_\_\_\_\_  
CITY\_\_\_\_\_  
STATE\_\_\_\_\_  
ZIP

In order to perform work on behalf of a business organization (any limited liability company, corporation, partnership, business trust, joint venture, or other legal entity other than an individual person doing business as a sole proprietorship), you must submit the Qualifying Agent application.

**SECTION 5: AFFILIATIONS**

- Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.
- ☐ I will **NOT** be affiliated with any persons, entities, or business organizations as a licensed residential contractor or general contractor.

**OR**

- ☐ I **WILL** be affiliated with the below listed persons, entities, or business organizations as a licensed residential contractor or general contractor.

Name of Person, Entity, or Business Organization	Type of Affiliation					
	Employee	Owner	Director	Partner	Member	Qualifying Agent

Please also list any professional certifications you currently hold.

## SECTION 6: APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1. \_\_\_\_\_ I am a United States citizen.

**Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**

2. \_\_\_\_\_ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

**O.C.G.A. § 45-17-6 requires legible seals for notarized documents.**  
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

**NOTARY SEAL**